PHYSICIAN RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION(S)

The National Federation of State High School State Associations (NFHS) has developed the release form found on page 46 as a suggested model you may consider adopting for your state. The medical advisory committee to the NFHS conducted a survey among specialty, academic, public health and primary care physicians and reviewed extensively the literature available on the communicability of various skin lesions at different stages of disease and treatment. No definitive data exists that allow us to absolutely predict when a lesion is no longer shedding organisms that could be transmitted to another. Another finding from the survey was the significant differences that exist among physicians relating to when they will permit a wrestler to return to participation after having a skin infection.

Neither the medical advisory committee nor the NFHS presumes to dictate to professionals how to practice medicine. Neither is the information on this form meant to establish a standard of care. The medical advisory committee does feel, however, that the guidelines included on the form represent a summary consensus of the various responses obtained from the survey, from conversations and from the literature. The committee also feels that the components of the form are very relevant to addressing the concerns of coaches, parents, wrestlers and physicians that lead to the research into this subject and to the development of this form.

GOALS FOR ESTABLISHING A WIDELY USED FORM:

1. Protect wrestlers from exposure to communicable skin disorders. Although most of the skin lesions being discussed generally have no major long term consequences and are not life threatening, some do have morbidity associated with them and student-athletes should be protected from contracting skin disorders from other wrestlers or contaminated equipment such as mats.

2. Allow wrestlers to participate as soon as it is reasonably safe for them and for their opponents and/or teammates using the same mat.

3. Establish guidelines to help minimize major differences in management among physicians who are signing "return to competition forms". Consistent use of these guidelines should protect wrestlers from catching a skin disease from participation and should protect them from inequalities as to who can or can not participate.

4. Provide a basis to support physician decisions on when a wrestler can or can not participate. This should help the physician who may face incredible pressure from many fronts to return a youngster to competition ASAP. This can involve "Joe Blow who never wins a match" or the next state champion with a scholarship pending.

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Inclusion of the applicable NFHS wrestling rule so physicians will understand that covering a lesion is not an option that is allowed by rule.

2. Inclusion of the date and nature of treatment and the earliest date a wrestler can return to participation. This should minimize the need for a family to incur the expense of additional office visits as occurs when a form must be signed within three days of wrestling as some do.

3. Inclusion of a "bodygram" with front and back views should clearly identify the lesion in question. Using non-black ink to designate skin lesions should result in less confusion or conflict.

4. Inclusion of guidelines for minimum treatment before returning the wrestler to action as discussed above. This should enhance the likelihood that all wrestlers are managed safely and fairly.

5. Inclusion of all of the components discussed has the potential to remove the referee from making a medical decision. If a lesion is questioned, the referee's role could appropriately be only to see if the coach can provide a fully completed medical release form allowing the wrestler to wrestle.

This form may be reproduced, if desired and can be edited in anyway for use by various individuals or organizations. In addition, the medical advisory committee for the NFHS would welcome comments for inclusion in future versions as this will continue to be a work in progress.

Sports Medicine Advisory Committee
NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS

PHYSICIAN RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Name: _____ Date of Exam: ___/____/___

Mark Location of Lesion(s)

Diagnosis _____

_____

Communicable _____ Non-Contagious _____

Location of Lesion(s) _____

_____

Date Treatment Started: ___ / ____ / ____

Medication(s) used to treat lesion(s): _____

_____

Earliest Date may return to participation: ____ / ____ / ____

Physician Name (Printed or Typed) _____

Provider Signature _____ Office Phone #: _____
(M.D. or D.O.)

Office Address _____

Note to Providers: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with NFHS Rule 4-2-3 which states:

> *"If a participant is suspected by the referee of having a communicable skin disease or any other condition that makes participation appear inadvisable, his coach shall provide current written documentation from a physician stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to his opponent. This document shall be furnished at the weigh-in or prior to competition in the dual meet or tournament. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate".*

Note: If an on-site tournament physician is present, he/she may overrule the diagnosis of the physician signing this form. Below are some treatment guidelines that suggest minimum treatment before return to wrestling:

Bacterial diseases (impetigo, boils): Oral antibiotic for two days and no drainage, oozing, or moist lesions.

Herpetic lesions (Simplex fever blisters, Zooster, Gladiatorum): Minimum of 120 hours or a full five days of oral anti-viral treatment with no new lesions and all lesions scabbed over. If no oral treatment has been given, visible lesions may be present.

Tinea lesions (ringworm scalp, skin): Oral or topical treatment for seven days on skin and 14 days on scalp.

Scabies, Head Lice: 24 hours after appropriate topical management.

Conjunctivitis: 24 hours of topical or oral medication and no discharge.

Molluscum Contagiosum: 24 hours after curettage.